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# TOWN OF GRAFTON PLANNING BOARD IN MINISTRAL OF

TOWN OF GRAFTON  PLANUING B DEMORIAL MUNICIPAL CENTER  GRAFTON, MAROVIDENCE ROAD  GRAFTON, MASSACHUSETTS 01519  (508) 839-5335 ext. 1120 • FAX (508) 839-4602  www.grafton-ma.gov
GRAFTON, MASSACHUSETTS 01519  (508) 839-5335 ext. 1120 • FAX (508) 839-4602  www.grafton-ma.gov  PLANNING BOARD  APPLICATION FOR MODIFICATION OF A SPECIAL PERMIT  Application No. 69 20   5 a 3   5   5   5   5   5   5   5   5   5
NAME CIETAN ENEM GOLLECTIVE, LLC  NAME 146 West Boylston DR. CITY/TOWN Works fen  STREET 146 West Boylston DR. CITY/TOWN Works fen  STATE MA ZIP 166 TELEPHONE 17.834.8567  NAME OF PROPERTY OWNER (if different from Applicant) Mrs. KARON KE LL  Deed recorded in the Worcester District Registry of Deeds Book 9564 Page 221
STREET AND NUMBER 207 PROVIDENCE PD.  STREET AND NUMBER 207 PROVIDENCE PD.  ZONING DISTRICT PMF/RYO ASSESSOR'S MAP 99 LOT #(S) PERTION OF LOT 10  LOT SIZE 33. 4 ACUS FRONTAGE 152'  CURRENT USE SINGLE FAMILY RESIDENCE
PROJECT/PLAN INFORMATION:  PLAN TITLE PROPOSED SITE DEVELOPMENT PLANS - CECSULAR #1056 (IC  PREPARED BY (name/address of PE/Architect) FIELD ENGINEERING (II) INUSTRIAL DR.  PREPARED BY (name/address of PE/Architect) FIELD ENGINEERING (II) INUSTRIAL DR.  MAITAPOISETT, MA-02739  DATES 7/30/15
Use for which Special Permit is sought: (refer to § 3.2.3.1 of the Zoning Bylaw - Use Regulation Table):  Recoposed Community Solar FACILITY
Cite all appropriate sections of the Zoning By-Law which pertain to this Application, Use and Site:  Section 1.3.3 Site Plan Review Section 1.5 Special Penint
The undersigned, being the APPLICANT named above, hereby applies for a SPECIAL PERMIT to be granted by the Planning Board and certifies that, to the best of APPLICANT'S knowledge and belief, the information contained herein is correct and complete.  Applicant's Signature  Property Owner's Signature (if not Applicant)  ARRAY ARRAY Date: 4/15/16





#### **TOWN OF GRAFTON**

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
Phone: (508) 839-5335 ext 1170 \* FAX: (508) 839-4602
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PLANNING BOARD GRAFTON, MA

#### TREASURER / COLLECTOR

### **Certificate of Good Standing**

Applicants seeking permits with the Town of Grafton must submit this completed form at the time of application. When all obligations are paid to date, you must attach this "Certificate of Good Standing," with your application. Delinquent bills must be paid in full before the appropriate department accepts your application. Please make arrangements to pay these outstanding bills at the Collector's Office.

Please note: it can take up to three (3) business days to process each request.

Please check all that apply and indicate if permit(s) have been issued.

□Building – Inspection(s) □Building – Electric □Building – Plumbing □Board of Health	Permit Issued? Yes No	Septic System Conservation Planning Other	Permit Issued? Yes No
Other Permit:			
Petitioner Address	•	Property Owner / Comp 767 Proving Property Address	oany Name  DENCE RD.
City, State, Zip	7	Grafton, MA City, State, Zip	
Date:	C	rrent Daling	word NIA

Date:	Current	Delinquent	N/A
Real Estate	V	•	
Personal Property			
Motor Vehicle Excise	J		+
Disposal			
General Billing			1

Susan Rogers	Quan Rolle	6-10-16
Treasurer / Collector Name (please print)	Treasurer / Collector Signature	Date